

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	72195	9/9/99
O.I.P.E. CLASSIFIER		43	9/13/99
FORMALITY REVIEW	DM	72223	9/20/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3-1-07
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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